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APPLICANTS
 Jonathan C. Burrell, Olathe, KS;
 David F. Lammers-Meis, Prairie Village, KS;

**** CONTINUING DATA *******
None

**** FOREIGN APPLICATIONS *******
No

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 05/18/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY KS	SHEETS DRAWING 7	TOTAL CLAIMS 65	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>M. Weiskopf</i> Examiner's Signature	<i>me</i> Initials			

ADDRESS
38933

TITLE
Wearable electronic device

FILING FEE RECEIVED 1838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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